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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 351

Place of Birth Bisbee County _____ No. _____ St. _____
(Registration District)SEX OF CHILD* Twin } and } Number
Triplet } in order
or other? } of birth
male } } 1DATE OF BIRTH* Feb 6 1916
(Month) (Day) (Year)FULL NAME FATHER John IsaacsonFULL MAIDEN NAME MOTHER Hannah (Smith) SmithI HEREBY CERTIFY that the child described herein
has been namedJohn Waldemar Isaacson
(Give name in full) (Surname)Hanna Y. Isaacson
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43-S.P.Co.

USE PERMANENT INK

195-206-828